

2615

TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
02100040AA

In Re Application Of: **T. Minakami**

Serial No.
09/588,353

Filing Date
6/7/00

Examiner
H.O. Linton

Group Art Unit
2615

Title: **Edge Correction Apparatus for Digital Video Camera**

RECEIVED

MAR 10 2004

Technology Center 2600

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Amendment, transmittal, check \$172.00

**Request for Drawing Correction and Submission of Substitute Drawings, with Annotated Sheet Showing Change
(3 sheets), and Replacement Sheet (3 sheets)**

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in the above identified application.

- ☐ No additional fee is required.
- ☒ A check in the amount of **\$172.00** is attached.
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- ☒ Charge any additional fee required.


Signature

Dated: **March 5, 2004**

Michael E. Whtham
Reg. No. 32,635

Whtham, Curtis & Christofferson, PC
11491 Sunset Hills Road - #340
Reston, VA 20190
703/787-9400

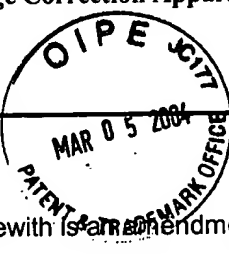
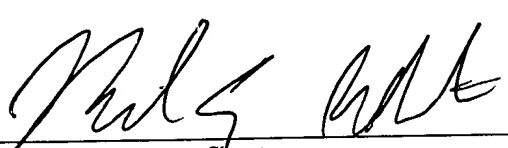
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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 02100040AA		
Applicant(s): T. Minakami					
Serial No. 09/588,353	Filing Date 6/7/00	Examiner H.O. Linton	Group Art Unit 2615		
Invention: Edge Correction Apparatus for Digital Video Camera					
			RECEIVED MAR 10 2004 Technology Center 2600		
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	3 =	2 x	\$86.00	\$172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$172.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$172.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2041 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: March 5, 2004		
Michael E. Whitham Reg. No. 32,635 Whitham, Curtis & Christofferson, PC 11491 Sunset Hills Road - #340 Reston, VA 20190 703/787-9400 Customer No. 30743			I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. <div style="border-top: 1px solid black; height: 20px; margin: 5px 0;"></div> Signature of Person Mailing Correspondence <div style="border-top: 1px solid black; height: 20px; margin: 5px 0;"></div> Typed or Printed Name of Person Mailing Correspondence		
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